

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27659
Registrar's No. 7676

Registration District No. 048

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution 1 MONTH
In this community 5 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 048
(c) City or town ST. LOUIS, Mo. 17
(d) Street No. 2336 So. 9TH 9
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LATE DUNCAN
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 31st
year 1948 hour 8 minute 45 A. M.
21. I hereby certify that I attended the deceased from 8/30/48
to Aug. 31st 19 48
that I last saw him alive on Aug. 31st 19 48
and that death occurred on the date and hour stated above.

4. Sex MALE 0
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LILLIE
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JAN. 18 1888

Immediate cause of death: Myocardial Coronary Disease of Heart
Primary site undetermined
Duration

8. AGE: Years 60 Months 7 Days 13
If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace WAYNE COUNTY ILL. 1
10. Usual occupation FARMER

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business
12. Name ISAAC DUNCAN
13. Birthplace ILL. 1
14. Maiden name OBBIE FORTNER
15. Birthplace ILL. 1

16. (a) Informant EARL DUNCAN
(b) Address LIBBUORN, MO.
17. (a) REMOVAL (b) Date thereof AUG 31 1948
(c) Place: burial or cremation SIKESTON, MO.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director A.W. McLAUGHLIN
(b) Address 2301 LAFAYETTE
19. (a) AUG 31 1948 (b) J. J. Brunck
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
(e) Means of injury
23. Signature J. J. Muenster
Address 1516 Lafayette
Date signed 8/31/48

J. J. Muenster

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *C. W. Cooper*.....
Licensed Embalmer No. *3830*.....
P. O. Address..... *230 Lafayette*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.